

JC962 U.S. PTO
 01/18/02

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 4500-7 (04500.0012.6)
 First Inventor Johnson et al.
 Title CONVERTIBLE TOP FABRIC
 Express Mail Label No. EL795280130US

PTO/SB/06 (03-01)
 1001-50/01
 U.S. PTO

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. **ADDRESS TO:** Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1. Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
 See 37 CFR 1.27.
3. Specification [Total Pages 13]
 (preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C.113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 1]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
 (for a continuation/divisional with Box 18 completed)
 - i. DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

- ACCOMPANYING APPLICATIONS PARTS**
9. Assignment Papers (cover sheet & document(s))
 10. 37 C.F.R. §3.73(b) Statement Power of Attorney
 (when there is an assignee)
 11. English Translation Document (if applicable)
 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
 13. Preliminary Amendment
 14. Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
 15. Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
 17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: ____ / ____
 Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

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 (Insert Customer No. or Attach bar code label here)

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	Suite 1900				
City	Greensboro	State	NC	Zip Code	27401
Country	USA	Telephone	336-574-8040	Fax	336-574-4512

Name (Print/Type)	C. Robert Rhodes	Registration No. (Attorney/Agent)	24,200
Signature		Date	1-18-02

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>	Complete if Known
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number
	Filing Date
	First Named Inventor Johnson et al.
	Examiner Name
	Group Art Unit
TOTAL AMOUNT OF PAYMENT	(\$) 888.00
	Attorney Docket No. 4500-7 (04500.0012.6)

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account: Deposit Account Number: 09-0528 Deposit Account Name: _____</p> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 740</td> <td>201 370</td> <td>Utility filing fee</td> <td style="text-align: center;">740.00</td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 510</td> <td>207 255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 740</td> <td>208 370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 160</td> <td>214 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$) 740.00</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p>Total Claims 26 -20** = 6 x 108 = 108</p> <p>Independent Claims 2 -3** = _____ x _____ = _____</p> <p>Multiple Dependent _____ = _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 84</td> <td>202 42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 280</td> <td>204 140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 84</td> <td>209 42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$) 108.00</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee	740.00	106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee		SUBTOTAL (1)			(\$) 740.00	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 84	202 42	Independent claims in excess of 3		104 280	204 140	Multiple dependent claim, if not paid		109 84	209 42	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) 108.00	<p>3. 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SUBMITTED BY		<small>Complete (if applicable)</small>	
Name (Print/Type)	C. Robert Rhodes	Registration No. (Attorney/Agent)	24,200
Signature	<i>C. Robert Rhodes</i>	Telephone	336-574-8040
		Date	<i>[Signature]</i>

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
Washington, DC 20231

Sir:

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Date of Deposit 1-18-02

I hereby certify that this paper, which is a Utility Patent Application (our file 4500-7), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, DC 20231.

C. Robert Rhodes
Registration No. 24,200

Mailed By: Lycia R. Phipps
Lycia R. Phipps

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/25/2002 HLE333 00000048 10051881

01 FC:101	740.00	OP
02 FC:103	108.00	OP